

VOLUNTARY WITNESS STATEMENT FORM
CLARK COUNTY ANIMAL CONTROL
2911 E SUNSET RD, LAS VEGAS, NV 89120

DATE OF INCIDENT:

ACTIVITY NUMBER:

ADDRESS OF INCIDENT:

NATURE OF INCIDENT

WITNESS NAME:

OFFICER NAME:

DATE OF BIRTH:

OFFICER NUMBER: CE_____

ADDRESS:

PHONE: 702-455-7710

FAX: 702-455-8102

PHONE NUMBER:

animalcontrolinfo@clarkcountynv.gov

DATE:

WITNESS SIGNATURE: